

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/890597	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		2			
TOTAL DEP.	13	→	10	→		
TOTAL CLAIMS	14		12			

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TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL CLAIMS			